

FILED NOV 18 1957

THE DIVISION OF HEALTH OF MISSOURI  
STANDARD CERTIFICATE OF DEATH

40034  
STATE FILE NUMBER

Registration District No. 128

Primary Registration District No. 5465

Registrar's No. 1075-B

1. PLACE OF DEATH a. COUNTY <b>Greene</b>				2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Greene</b>			
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>Rural North Campbell Springfield</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>		c. CITY OR TOWN <b>Springfield</b>		Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION <b>441 Prince Lane</b>		Length of stay in lb <b>2 yrs</b>		d. STREET ADDRESS (If outside, give location) <b>441 Prince Lane</b>		Reside on Farm Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>	
3. NAME OF DECEASED (Type or print) First <b>EWELL</b> Middle <b>JOSEPH</b> Last <b>BARRETT</b>				4. DATE (Month) Day Year OF DEATH <b>November 4, 1957</b>			
5. SEX <b>Male</b>		6. COLOR OR RACE <b>White</b>		7. MARRIED <input checked="" type="checkbox"/> NEVER MARRIED <input type="checkbox"/> WIDOWED <input type="checkbox"/> DIVORCED <input type="checkbox"/>		8. DATE OF BIRTH <b>Nov. 23, 1905</b>	
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Retired Labor Leader (Teamsters)</b>		10b. KIND OF BUSINESS OR INDUSTRY		9. AGE (In years last birthday) <b>51</b>		IF UNDER 1 YEAR Months Days Hours Min.	
11. BIRTHPLACE (City and state or country) <b>Washington, City, Ark.</b>		12. CITIZEN OF WHAT COUNTRY? <b>USA</b>		13a. FATHER'S NAME <b>Ples Ewell Barrett</b>			
13b. MOTHER'S MAIDEN NAME <b>Mary Guinn</b>		14. NAME OF HUSBAND OR WIFE <b>Grace Marie Barrett</b>					
15. WAS DECEASED EVER IN U. S. ARMED FORCES? (Yes or unknown) (If yes, give war or dates of service) <b>no</b>		16. SOCIAL SECURITY NO. <b>491-03-2516</b>		17. INFORMANT Address <b>David Barrett, Springfield, Missouri</b>			
18. CAUSE OF DEATH (Enter only one cause per line for (a), (b), and (c).) PART I. DEATH WAS CAUSED BY IMMEDIATE CAUSE (a) <b>ASPHYXIA</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>CARBON MONOXIDE GAS</b> DUE TO (c) <b>8900 15</b>						INTERVAL BETWEEN ONSET AND DEATH <b>?</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)						19. WAS AUTOPSY PERFORMED? YES <input checked="" type="checkbox"/> NO <input type="checkbox"/>	
20a. ACCIDENT <input checked="" type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>		20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.) <b>RULE 4 FURNACE (GAS). FROM HIS HOME ALLOWED GAS TO ENTER WARM AIR DUCTS INTO HOME</b>					
20c. TIME OF INJURY Hour Month Day Year a.m. <b>11:15</b> p.m. <b>Nov 4, 1957</b>		20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input checked="" type="checkbox"/> <b>FOUND IN BATHROOM</b>					
20e. PLACE OF INJURY (e.g. in or about home, farm, factory, street, office bldg., etc.) <b>HOME</b>		20f. CITY, TOWN, OR LOCATION COUNTY STATE <b>SPRINGFIELD, GREENE, MISSOURI</b>					
21. I attended the deceased from _____ to _____ and last saw her him alive on _____ Death occurred at <b>APPROX MIDNIGHT</b> m on the date stated above; and to the best of my knowledge, from the causes stated.							
22a. SIGNATURE (Deceased's) <b>Ralph A. Thieme</b>				22b. ADDRESS <b>Springfield, Missouri</b>		22c. DATE SIGNED <b>11/15/57</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Buried</b>		23b. DATE <b>11-15-57</b>		23c. NAME OF CEMETERY OR CREMATORY <b>St. Mary's</b>		23d. LOCATION (City, town, or county) (State) <b>Springfield, Mo.</b>	
24. FUNERAL DIRECTOR ADDRESS <b>Ralph Thieme, Springfield, Mo.</b>				25. DATE RECD. BY LOCAL REG. <b>11-15-57</b> 26. REGISTRAR'S SIGNATURE <b>Edith Williamson</b>			

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### STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me, or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_ working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed \_\_\_\_\_

Licensed Embalmer No. H. 56. P.

P. O. Address Springfield, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.